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WCB
Workers Compensation Board of Manitoba
MEMORANDUM
TO: File
FROM: Dr. M. Etkin
SUBJECT: Ms. B [name redacted for public archive] – **Claim #VC 2006-610**

PSYCHIATRIC PPI EXAMINATION NOTES DATED JULY 10, 2007
Date of birth: [redacted for public archive]
Date of injury: June 30, 2005

INTRODUCTION
Ms. B [name redacted for public archive] was assessed at a psychiatric call-in examination on July 10, 2007, in order to answer questions asked by her Case Manager, Ms. Elaine [name redacted for public archive] in a memo dated July 4, 2007. She was interviewed in the presence of her boyfriend, Mr. Ko [name redacted for public archive] and a WCB administrative assistant.
Ms. B [name redacted for public archive] was involved in a relationship with a male from the fall of 2003 until summer 2005 and, during that time, was the victim of numerous physical assaults. Medical care was sought for the physical sequelae of these assaults in September 2004, October 2004, June 2005, and also in February 2006, after their relationship had ended. She also saw a chiropractor on one occasion for a problem related to one of the assaults. In addition, she received gynecologic care by Dr. Yamamoto for problems which she attributes to the assault, but, in his opinion as documented on her Victims of Crime file, are not related to the assault.

HISTORY
Some of the medical information is on her CVC file and some is not. Ms. B [name redacted for public archive] brought in a significant amount of documentation related to the assaults and the legal charges arising from same. In the interview today, the assaults and sequelae from them were discussed in some detail; however, recalling and discussing these events seemed to be very psychologically traumatizing for Ms. B [name redacted for public archive] in the interview itself, so detailed exploration of each separate incident was not pursued.
However, as best I could clarify, the history is as follows:

1. On September 29, 2004, she was beaten in front of a friend of hers, Kerry, and received treatment at the Concordia Hospital. The medical record from that date indicates that she was struck in the face by a door. The cause is not clearly identified, as best I could determine from the Emergency record.

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2. **On October 24, 2004**, she was again assaulted. The medical record from that date from the Concordia Hospital, states "32-year-old female assaulted last night by boyfriend… slammed into wall and stomped on feet."
3. **June 30, 2005.** Ms. B [name redacted for public archive] states "he tried to kill me." Concordia Hospital record indicates "alleged assault… allegedly struck left side face / ? … choked, states she does not know ?". Photographs are on file documenting numerous bruises, contusions, and wounds to her legs, feet, and neck, which were taken on that day. Apparently, she was charged for that incident as noted in the psychiatric triage note of July 1, 2005, and by the claimant's own report.
4. **February 6, 2006.** Health Sciences Centre Emergency Room form states "33-year-old female was assaulted by boyfriend, presenting with right shin pain… had been assaulted a couple of days ago and run out of the Conc… generally very jumpy, hyper-alert and careful. Would welcome social support and legal advice." The diagnosis was domestic abuse and bruised leg. Psychiatry assessment was recommended and she did see the triage worker, but there is no psychiatry report on file. Contact with Osborne House was encouraged and claimant was accepting of same and thankful for assistance.

It is not clear to me what happened in the relationship at this point and there may have been some separation, but Ms. B [name redacted for public archive] was again assaulted in February 2006 and this assault is well documented in her Victims of Crime file, including documentation with stick-figure drawings prepared by the patient recently. She states "he beat me and tortured me for about five hours. I managed to drive myself to Health Sciences Centre. He broke my tailbone. He strangled me with my shirt and with his hands. He twisted off my wrist and he tortured it for I don't know how long. He threw me and he dragged me around by my arm." There is no documentation on file of her reported Health Sciences visit following this assault. She does have a surgical scar over the dorsal aspect of her right arm, apparently from an operation performed by Dr. B. Rennie, which she relates to the assault, as well.

5. She also reports that other assaults occurred, for which she did not receive medical treatment.

There is a letter dated **May 22, 2007**, to Victims of Crime from **Dr. K. Yamamoto**, gynecologist, stating that Ms. B [name redacted for public archive] had laparoscopy with treatment for endometriosis in January 2004, but symptoms continued and adenomyosis was suspected and documented on pathology. Arrangements were made for hysterectomy, but the patient had developed adhesions, which necessitated removal of the right tube and ovary on January 8, 2005, followed by removal of the left ovary in August 2006. Dr. Yamamoto concludes "there is no evidence to suggest that an assault of any kind would have caused the symptoms she had and subsequent procedures. She had demonstrable gynecologic conditions which can easily explain the problems she developed."

Ms. B [name redacted for public archive] reports developing numerous psychological problems related to the ongoing domestic violence of this relationship. In addition, problems related to the police and the law enforcement review agency occurred, which were not explored in this interview, which may have contributed to some degree to her symptoms. When asked to describe the problems she has developed relating to the domestic assault, she stated she does not trust anyone except for family and close friends. She can't sleep. She is afraid of going to certain places where she

knows the attacker will be. She doesn't trust the police, as he had worked for the police in the past. She becomes very afraid when she hears loud noises. When talking about the event, she cannot tell if she has urinated or not. She does not consider herself to be a respectful mother anymore because she could not protect her family. She is embarrassed and ashamed. She doesn't know how people will feel about her in the real world, as attempts to talk to people about this have not been positive. She has illusions or hallucinations, in that she thinks she sees the attacker when he is not really there. She has many nightmares about getting killed and flashbacks remembering the assault and the feelings it caused. She avoids her family because she can't protect them. She has anxiety all the time. She has intolerance of loud noises. She is easily startled and is hyper-vigilant.

She describes her mood as depressed much of the time and also reports problems with her sleep, concentration, sense of self-worth and previously had thoughts of life not being worth living, but she does not have these anymore. She describes her motivation, her energy and her appetite as normal.

Treatment
She has had very little medical treatment for these problems, stating that she has avoided physicians because she saw so many during the course of the treatment for her domestic violence. Beginning in approximately August 2006, she began seeing a counsellor, Ms. Lisa Schwartzman, under supervision of Dr. Vivienne Rowan who, on June 7, 2007, provided a letter reporting subjective complaints of anxiety and depression related to the traumas, as well as fears of being in open spaces, walking in streets, feelings of being trapped or caught and being suddenly scared. Also reported are flashbacks, disturbed sleep, poor concentration and difficulty making decisions, as well as avoiding certain places or activities due to fear and anxiety attacks. The symptoms were reported to be in the severe range and to have a significant negative impact on her daily functioning. There was no noted pre-existing psychiatric impairment. Diagnosis was stated to be Post-Traumatic Stress Disorder with Secondary Depression, nil on Axis II, right shoulder and wrist pain on Axis III, problems related to the interaction with the legal system/crime on Axis IV and a GAF of 50. She had been receiving cognitive therapy, was motivated for treatment and had been compliant with same. Their opinion was that Ms. B [name redacted for public archive] had developed severe anxiety and depression. These would have negatively impacted her ability to work, but severe she could potentially return to work on a gradual basis when she had learned some coping strategies.

Medical History
She is on hormone replacement therapy and also takes occasional medications for her asthma, including Flovent, Advair and Ventolin.

Psychiatric History
She reports no past psychiatric history.

Family History
She reports no psychiatric history in her family.

Psychosocial Developmental History
She was born and raised in Winnipeg, then Beausejour, then the town of Bird's Hill. She describes her stepfather as having been physically abusive on a repetitive basis to her mother and then to Ms. B [name redacted for public archive] herself, as a child. She describes her growing up years as rough, and states that she had to become the adult in the family and look after herself and take control of her own life. She moved out at age 15 and supported herself while going to school and became quite content with her life. She reports no problems with drugs and very little use of alcohol. She met her boyfriend at age 17, was married by age 19 and separated 7 years later. There is a 16-year-old son from that relationship and she states she still maintains a good relationship with her ex-husband. During those years, she had completed her Grade 12 and took some university courses. She worked at Pal Plastics doing assembly job and then worked for 14 years at the Winnipeg School Division #1, initially as a caretaker and then, apparently following an injury, as a teaching assistant and clerk.

She states her emotional and mental health was very good prior to becoming involved with the man who assaulted her, and states those were "the best times in my life was when I was living alone in an apartment with my son. I had a job I really liked and my son worshipped the ground I walked on." She went on to describe several happy memories related to activities with her son.

She states that she continued to do well up to the period of time when she developed gynecological problems, including dysfunctional uterine bleeding in 2002/2003 which led to the hysterectomy in 2004. She states that after that, she continued to do emotionally well. I should note that it was difficult to clarify what, if any effect her gynecological problems had on her psychiatric state. However, there is virtually no mention in her GP's clinical notes of any presentations for psychiatric problems in the time period leading up to the physical assaults or even during the time period in which the assaults were taking place.

It is noted that Ms. B [name redacted for public archive] was off work on a sick leave on June 18, 2005, and that she was placed on medical leave as of June 29, 2005, because she had no sick benefits left. This was explored with her and she stated that the problem for which she was off work was related to the oophorectomy in the spring of 2005 (actually January 2005, according to Dr. Yamamoto's report), and also possibly to the development of irritable bowel syndrome, for which she had some investigations during that time period. It was not clear to me during the interview to what Ms. B [name redacted for public archive] was attributing her time off immediately prior to the June 2005 assault, and this is not documented in her GP's clinical notes.

In summary, there is no clear evidence of any psychiatric diagnosis or treatment in the time period leading up to the period of domestic abuse.

Mental Status Examination
Ms. B [name redacted for public archive] was in a shock-like state when reporting aspects of the trauma, and, because of this, detailed history taking was deferred. She was teary and distraught for much of the interview and required a lengthy break shortly after beginning to discuss the events related to the assault.

Current Status

Currently, she continues to have symptoms as described above. However, she states she is much better than she was during the time period in which the abuse was taking place.

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She has had no treatment with psychotropic medications, except for a sleeping pill, which she does not take because of it gives her a bad taste in her mouth and leaves her feeling groggy in the morning. She continues to see Lisa Schwartzman whenever she is in the city and also has telephone sessions with her on a somewhat regular basis.

She has moved to Thompson to be with [name redacted for public archive], who is a [redacted for public archive] instructor [redacted for public archive] in Thompson. Recently, she has signed on to take on-line university courses from Brandon University and states she wants to work in "advocacy", by which she means she wants to advocate for victims of violence. She states that she has been accepted to a BA program. She states she has no university credits so far. She also states that she wants to be a substitute teaching assistance and clerical worker in the school division this coming year.

Also of note is that the court date set for a preliminary hearing against her attacker is in early October this year. Also, Ms. B [name redacted for public archive] has initiated a suit against the Law Enforcement Body [name redacted for public archive] for failure to protect and for discrimination, which will apparently also be heard in October this year. She also states that she will be suing the Province after the suit against the Law Enforcement Body [name redacted for public archive] has ended. She stated that she reported that justice has retained a third-party outside crown because "justice almost killed me."

DIAGNOSES

- **Axis I:**
    1. Posttraumatic Stress Disorder, Chronic
    2. Possible Major Depressive Disorder, currently in Partial Remission.
- **Axis II:**
  Deferred. Dependant Traits Noted.
- **Axis III:**
  Deferred.
- **Axis IV:**
  Severe ongoing Psychosocial Stressors.
- **Axis V:**
  Current GAF: Uncertain.

Discussion of Diagnoses:
Ms. B [name redacted for public archive] clearly meets diagnostic criteria for Posttraumatic Stress Disorder. She reports some symptoms of Major Depression and it is difficult to know whether these represent a Major Depression that is currently resolving, or whether these symptoms are part of her PTSD.

Her psychosocial stressors relate to her recent moves, attempting to re-establish important aspects of her life including relationships, schooling and occupational functioning, as well as the upcoming court trials, which will be significant stressors, presumably for a prolonged period of time.
The GAF is difficult to determine because Ms. B [name redacted for public archive] is significantly emotionally distraught when discussing, thinking about and relating to aspects of her past trauma. However, she is evidently able to maintain sufficient psychological functioning to the point of being able to pursue some work and educational opportunities at this time.

Treatment Recommendations:

1. The psychotherapeutic treatment with Ms. Schwartzman and Dr. Rowan has been beneficial for Ms. B [name redacted for public archive] and should continue.
2. Anti-depressants are frequently helpful in treating the symptoms of Posttraumatic Stress Disorder, especially when associated with significant amounts of anxiety and depression,

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as is the case here. Therefore, Ms. B [name redacted for public archive] should be offered trials of an anti-depressant, such as Sertraline, starting with 50 mg daily and increasing after one week to 100 mg daily. This can be further increased after six to eight weeks to 200 mg if there is no benefit on the lower dose. Augmentation with other medications, such as anxiolytics, anti-psychotics, etc., can also be beneficial, but this would need to be assessed by a psychiatrist familiar with the psychopharmacologic treatment of Posttraumatic Stress Disorder at that time.

Answers to Questions:

1. **Ms. Ms. B [name redacted for public archive] 's psychiatric diagnoses are as described above.**
2. According to the information currently available, Ms. Ms. B [name redacted for public archive] 's diagnoses, as stated above, are related to the domestic assaults. It is notable that Ms. B [name redacted for public archive] grew up in a family where domestic assault was the norm and she herself was assaulted as a child, a situation from which she escaped at an early age. Therefore, it is likely that she was vulnerable to engaging in relationships in which domestic assault was a factor, although she does not appear to have been in this type of relationship before or since the one described in detail above.

There is no noted psychiatric history in her medical chart predating the domestic assault.
In summary, the weight of the medical evidence would support that her psychiatric diagnosis is related to the domestic assaults described above.

3. Her psychiatric condition, as described above, that being Posttraumatic Stress Disorder, has caused restrictions and limitations in her ability to work at any gainful occupation from the time of the assaults until the date of this interview. She is just now reaching the point at which she can undertake some occupational functioning.

The diagnoses and opinions provided above are based on the information available to me at the time this report is being prepared. Should further information become available in the future, it may require revision of these opinions.

[Signature]
M. Etkin, M.D., FRCPC
Psychiatric Consultant
ME/jag
Typed on July 11, 2007
[Dictated on July 11, 2007]

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* Denotes a Medical Corporation